



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: December 11, 2015

Attendance: **Committee members present:** Jerome Adams, MD, MPH (Chair); Jennifer Walthall, MD, MPH; Michael Garvey as proxy for David Kane, (Vice Chair); R. Lawrence Reed, MD; Matthew Vassy, MD; Bill Millikan, MD, proxy for Stephen Lanzarotti, MD; Raymond Cava, MD, proxy for Mitchell Farber, MD; Jennifer Conger, proxy for Lisa Hollister, RN; Spencer Grover; Ryan Williams, RN, BSN, EMT-P; James Roberts, proxy for Tim Smith; Bekah Dillon, RN, MSN, CEN; Lewis E. Jacobson, MD, FACS; Donald Reed, MD, FACS; Michael A. McGee, MD; and David Welsh, MD (via webcast)

Committee members not present: David Kane (Vice Chair); Gerardo Gomez, MD; Stephen Lanzarotti, MD; Mitchell Farber, MD; Thomas Rouse, MD; Scott Thomas, MD; Chris Hartman, MD; Tim Smith; Lisa Hollister, RN; and Tony Murray

ISDH Staff Present: Art Logsdon; Katie Hokanson; Jessica Schultz; Murray Lawry; Camry Hess; Ramzi Nimry; Rachel Kenny; John O'Boyle, Lauren Savitskas and Marion Chaloux

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Jerome Adams, MD, MPH, Chair	Jerome M. Adams, MD, MPH, State Health Commissioner and Chair, opened the meeting at 10:05 am. He welcomed all attending. He asked for introductions from the Committee members present. He also asked for introductions around the room while the Committee members were reviewing the minutes.	N/A	N/A
2. Approval of Minutes from the October 30, 2015 ISTCC Meeting	Dr. Adams asked for comments or corrections to the minutes of the October 30, 2015 ISTCC meeting. Hearing none he entertained a motion for approval. Dr. Lawrence Reed made a motion that the minutes be approved as distributed; it was seconded by Dr. Vassy and passed unanimously.	Minutes Approved as distributed.	N/A
3. Trauma Center Advertising – Art Logsdon	At the October 30, 2015 ISTCC meeting the topic of advertising by “in-the-process” trauma care facilities was discussed. Art Logsdon, Assistant Commissioner for Health and Human Services Commission, provided clarification that hospitals considered “in-the-process of		N/A



Indiana State Department of Health

	<p>ACS verification” for trauma center status are allowed to advertise as a trauma care center since state law defines “in the process” facilities as trauma centers and since there is nothing specifically prohibiting them from advertising. Once the Emergency Medical Services (EMS) Commission approves “in the process” facilities, they are a trauma center per Indiana law.</p> <p>Dr. Adams mentioned that if you were a trauma center in the past but currently are not a trauma center (and not “in the process”) that you need to stop advertising as a trauma center.</p> <p>Based on more discussion Dr. Adams asked the Designation Subcommittee to talk about this as well and confirm that at the one-year review the facility is still meeting standards as a trauma care center and that the facility is certified by the two-year deadline or their advertising efforts should cease.</p>	The Designation Subcommittee will discuss this further.	
4. Injury Prevention App - Jessica Schultz	<p>Jessica Schultz, Injury Prevention Epidemiologist, provided an update on Indiana’s role in the Children’s Safety Collaborative Improvement and Innovation Network (CollIN) to Reduce Childhood Injuries. Indiana joins 20 other states and territories in this 1.5 year process. Recently Katie Hokanson, Dr. Joan Duwve and Art Logsdon attended the CollIN Summit.</p> <p>Jessica also provided a brief update on the Resource Guide and App for smart phones which was released in October, 2015. To date there have been 336 downloads. She also stated that the CDC Injury Prevention Newsletter showcased the app twice in their publications.</p> <p>Jessica gave a summary of the Injury Prevention Advisory Council (IPAC) meeting held on Thursday, December 10, 2015. Sally Thigpen from the CDC gave a presentation on continuous quality improvement, SMART objectives and logic models.</p>	N/A	N/A



Indiana State Department of Health

	<p>Jessica reported on the Core State Violence and Injury Prevention Program (Core SVIPP) funding opportunity in which the ISDH Trauma program intends to apply. The Core SVIPP is a five-year grant which provides resources and support to focus on implementation, evaluation and dissemination of injury and violence prevention programs, practices and policies. The average award given is \$250,000 each year. The four areas of focus are 1) child abuse and neglect; 2) TBI; 3) motor vehicle crash injuries and deaths; and 4) sexual violence. The grant also has seven strategies and related activities to meet the goals in those areas.</p> <p>Katie took the opportunity to let the Committee know that on January 1, 2016 Jessica will be leaving the ISDH to join her husband in Florida. She commended Jessica for all her hard work and dedication to the Division over her two and a half years with the ISDH. She will be missed. However, the program may be able to contract her services.</p>		
5. Indiana Violent Death Reporting System (INVDRS) Update – Rachel Kenny	<p>Rachel Kenny, INVDRS epidemiologist, gave an update on the six pilot counties and data collection. Data collection will be extended to all Indiana counties starting January 1, 2016.</p> <p>There have been 1,242 death certificates collected as of November 17, 2015. The majority of these were suicides, followed by homicides. Data sharing agreements are being set up with coroners and law enforcement. Twenty and 168 have been signed, respectively.</p> <p>Dr. Adams reached out to the Committee members for their help in getting local law enforcement and coroners offices to share their data with the ISDH. Katie noted that there are gaps in relationships with coroners and law enforcement. Please let Murray or John know if you have connections in Vanderburgh County. Murray and John will make a list, by county, of where we need contacts.</p>	N/A	N/A



Indiana State Department of Health

	<p>Katie announced that the last INVDRS meeting for the year will be December 15, 2015. Aggregate numbers for Indiana will be shared at that meeting. The types of reports to create to analyze these numbers will be discussed. Dr. Adams noted that having reports to track and trend what is happening in Indiana and following up with action is important.</p> <p>Katie noted that “confidentiality” is often the main reason that this information is not shared freely with the ISDH. She noted the Division is working hard to provide the certificate of confidentiality for this data.</p> <p>Dr. McGee noted that his hospital has 50 to 55% penetrating injuries compared to a national average of 5 to 10%. They have injury prevention programs focused on youth called Project Outreach Prevention (POP) focused on high school, middle school, elementary school and juvenile detention centers. This program can be a prototype to be used in areas around the country. INVDRS data will be used to support this program. In addition to penetrating trauma due to violence, Dr. Adams said that Indiana sees many self-inflicted injuries and the 2011 Youth Risk Behavioral Survey (YRBS) data ranks Indiana first for high schoolers reporting, “seriously considered attempting suicide” during the past 12 months.</p>		
6. Regional Roadmaps – Katie Hokanson and Ramzi Nimry	<p>Katie Hokanson and Ramzi Nimry, Trauma System PI Manager presented on the regional trauma road map for trauma system development. The road map was created from the District 10 Trauma Regional Advisory Council (TRAC) and the Resources for Optimal Care of the Injured Patient 2014 (also known as the Orange book). The goals for the road map are to help increase communication among all regions of the state, address regional PI issues and achieve better utilization of regional councils. Katie and Ramzi then invited Public Health Preparedness Districts 1, 3, 6, 7 and</p>	N/A	N/A



Indiana State Department of Health

	<p>8 to provide initial updates on their regional trauma developments. Katie noted the plan is not a template but a good place to begin and thanked Dr. Lanzarotti and Dr. Vassy for sharing this tool with the Committee at the last meeting.</p> <p>District 1 update was presented by Jen Mullen stating their District has had their initial meeting facilitated by the ISDH and District 10. They are currently taking an inventory and reaching out to prospective stakeholders. Dr. Adams is excited that an initial meeting was held in this district.</p> <p>District 3 update was presented by Annette Chard of Lutheran Hospital. This group has had one meeting; however, regional EMS providers have been meeting in an organized manner for some time. The hospital group has plans to combine with the EMS group in the near future to continue their plans and their work.</p> <p>District 6 update was presented jointly by Bekah Dillon and Ryan Williams. Their first meeting was held in November and they are going to meet with the four in-the-process facilities and the key stakeholders in the very near future. They are building relationships with these entities. They want to focus on issues relevant to their area and bring the correct issues to the table for discussion and resolution.</p> <p>District 7 update was presented by Christine Toevs from Terre Haute Regional Hospital. She stated a preliminary meeting with the ISDH was held in early December and they are eager to ensure trauma patients from their District get the most efficient care possible and to create a roadmap for their district.</p> <p>There was no representative from District 8.</p>		
--	--	--	--



Indiana State Department of Health

	<p>Dr. Matthew Vassy, District 10, noted that every District is different and they must figure out what works for their area – once that has been accomplished the rest will work itself out.</p> <p>Dr. Bill Millikan emphasized EMS participation is crucial. They will ramp up pediatric trauma care efforts and they will develop an educational program.</p> <p>Dr. Adams thanked District 10 for their assistance and their report and reminded everyone that if data is needed or help is needed to convene a regional meeting, please feel free to contact the ISDH for assistance.</p>		
7. Risk-Adjusted Benchmarking – Katie Hokanson and Art Logsdon	<p>The American College of Surgeons Committee on Trauma (ACS COT) requires that ACS verified trauma centers participate in a risk-adjusted benchmark program (CD 15-5). This requirement will be changed and as of January 1, 2017, all trauma centers must be enrolled in the Trauma Quality Improvement Program (TQIP).</p> <p>Katie asked for feedback from the committee. Is this a good thing for Indiana? Should the state look at participating in TQIP as a state with this new requirement? How will this impact hospitals looking at becoming “in the process”?</p> <p>Dr. Vassy mentioned that this does not replace the state registry. The state registry and TQIP cover different topics. One advantage of TQIP data is that it is risk-adjusted.</p>	N/A	N/A
8. Performance Improvement (PI) Subcommittee Update – Dr. Lawrence Reed	<p>Dr. Lawrence Reed began by thanking the many members of the PI Subcommittee for their work on numerous projects. He also thanked the Trauma and Injury Prevention staff for all their work and support from the ISDH with data collection and management.</p>	N/A	N/A



Indiana State Department of Health

	<p>The Subcommittee has met twice since the last meeting of the ISTCC. During their November meeting, the subcommittee reviewed and discussed how to increase the number of hospitals reporting data to the registry, how to decrease the average ED-LOS, and ways to increase collection of EMS run sheets. He stated the Subcommittee reviewed metrics and eliminated some that provided no value. Some new metrics were discussed with emphasis on the Triage and Transport Rule. The Subcommittee also discussed the development of a Data Quality Dashboard for linking cases. He mentioned studying “double transfer” where a patient is transferred multiple times before arriving at a trauma center.</p> <p>Dr. Reed continued with an update on topics discussed during the Subcommittee’s meeting on December 9, 2015 including ED-LOS for transfer patients from non-trauma centers as well as regional trauma system developments. Also included were PI measures from other states.</p> <p>He also reported on actions taken to increase the number of hospitals reporting data to the registry. Dr. Adams asked all the ISTCC members to reach out to hospitals not reporting data and to help bring them on board. Dr. Reed was pleased to report that for Quarter 2 of 2015, 95 hospitals in Indiana had reported data to the registry. That is the vast majority of the hospitals in the state. Indiana is somewhat different in that all hospitals with emergency departments, along with EMS providers, are expected to report data - not just trauma centers. This allows us to study the continuum of care.</p> <p>He noted a slow movement in decreasing ED-LOS at non-trauma centers – this area needs work. His presentation showcased all topics in depth which were discussed at both meetings of the PI Subcommittee.</p>		
--	---	--	--



Indiana State Department of Health

	<p>Dr. Reed highlighted potential data to add to the “Reason for Transfer Delay” portion of the collection items. This extensive list will be discussed by the Subcommittee.</p> <p>He discussed several new PI metrics to evaluate. During their study of other states’ metrics and data – the Subcommittee learned that states are not consistent. He attributed that to the fact that each state must discuss and tailor their programs to the needs of their individual states and regions, stating Indiana needs to look at issues relevant to Indiana.</p> <p>Once again he encouraged all Committee members to work with EMS providers to submit their EMS run sheets to the ISDH. He finally shared the need for the Committee to share reasons for prolonged ED-LOS. These will be added as potential registry data elements to check.</p>		
9. Designation Subcommittee Update – Dr. Lewis Jacobson	<p>In the absence of Dr. Gerardo Gomez, Dr. Lewis Jacobson presented the update from the Designation Subcommittee. The Subcommittee has met twice since the last full ISTCC meeting and one-year reviews were accomplished for the following hospitals:</p> <ul style="list-style-type: none">• Methodist – North Lake – issue with trauma surgeons response times• Good Samaritan Hospital – issue with meeting attendance• Community Hospital of Anderson – issue with meeting attendance <p>Dr. Jacobson stated the Subcommittee discussed these issues with the respective facilities and the Subcommittee recommends these facilities be approved to continue in the process. Dr. Adams entertained a motion for approval. Dr. Jacobson made the motion; it was seconded by Spencer Grover and passed unanimously.</p>	N/A	N/A



Indiana State Department of Health

10. Trauma Registry Report – Camry Hess and Ramzi Nimry	<p>Camry Hess, Database Analyst, and Ramzi Nimry, presented the quarterly statewide data report.</p> <p>Hospitals reporting by district were reviewed. There were 8,605 trauma incidents from April 1, 2015 – June 30, 2015 with 95 hospitals reporting.</p> <p>The percent of patients with ED-LOS greater than 12 hours and their characteristics were discussed. It was noted that there may be a data quality issue with the variable “Signs of Life”. Characteristics of patients who expired in the ED or Hospital were reviewed.</p> <p>There were 724 incidents (22% of data) that were linked for hospital to hospital transfers. This percentage has continued to improve with the use of linking software. Transfer locations and times for patients were noted. Patients who are more critical have faster transfer times.</p> <p>There was a new slide listing the anonymous hospital IDs for facilities that had higher than average ED-LOS for transferred patients for quarters 1 and 2.</p>		
11. Future Meeting Dates	2016 - February 19, 2016 April 15, 2016 June 17, 2016 August 19, 2016 October 21, 2016 December 16, 2016	N/A	N/A
12. Adjournment	As next steps to ISTCC discussion, Dr. Adams entertained a motion that Dr. Lawrence Reed and the PI Subcommittee members draft a letter to hospitals regarding ED-LOS trends for both Dr. Adams and David Kane to sign. The motion was made by Dr. McGee, seconded by Dr. Vassy and passed unanimously.	Letter to Hospitals to be reviewed at the next ISTCC meeting.	N/A



Indiana State Department of Health

	Hearing no further comments or business to come before the Indiana State Trauma Care Committee, Dr. Adams thanked everyone for their attendance and suggested carpooling for added network time. He adjourned the meeting at 11:45 am.		
--	--	--	--